



July 17, 2006

Ms. Grissel V. Diaz-Cotto
Emergency and Remedial Response Division
United States Environmental Protection Agency
Region II
290 Broadway, 19th Floor
New York, NY 10007-1866

Re: June 2006 Discharge Monitoring Report
Leachate Treatment Plant, Operable Unit 1
Kin-Buc Landfill Superfund Site

Dear Ms. Diaz-Cotto:

The June 2006 Discharge Monitoring Report (DMR) for the Leachate Treatment Plant of Operable Unit 1, Kin-Buc Landfill Superfund Site, prepared by Veolia Water North America is attached.

Should you have any questions concerning the DMR or other site items, please contact me at your earliest convenience at the Kin-Buc site.

Very truly yours,
Veolia Water North America
On behalf of SCA Services, Inc.,

A handwritten signature in black ink, appearing to read "Glenn Grieb", written over the typed name.

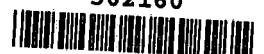
Glenn Grieb
Plant Manager

Enclosure

cc: Martha Goodwin – NJDEP
Stephen Joyce – SCA Holding
Carl Januszkiewicz – Waste Management
Richard Hoyt – Veolia Water North America

Veolia Water North America
Kinbuc Landfill
383 Meadow Road, Edison, NJ 08817
Tel. No. (732) 572-4743 / (732) 572-3871
Fax. No. (732) 572-6294
E-mail: glenn.grieb@veoliawatema.com

562160



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.
*
*NJ Permit Equivalent

REPORTING PERIOD
M o. Y r. M o. Y r.

PERMITTEE: Name: SCA Services, Inc.
 Address: 383 Meadow Road
 Edison, New Jersey 08817

FACILITY: Name: Kin-Buc Landfill
 Address: 383 Meadow Road
 Edison, New Jersey 08817
 Telephone: 732-572-4743

FORMS ATTACHED (Indicate Quantity of Each)

Operating Exceptions

SLUDGE REPORT-SANITARY
__ T-VWX-007 __ T-VWX-008 __ T-VWX-009
__ EPA Form 3320-1

SLUDGE REPORT-INDUSTRIAL
__ T-VWX-010A __ T-VWX-010B

WASTEWATER REPORTS
__ T-VWX-011 __ T-VWX-012 __ T-VWX-013

GROUNDWATER REPORTS
__ T-VWX-015(A,B) __ T-VWX-016 __ T-VWX-017
__ ELECTRONIC SUBMISSION

	YES	NO
DYE TESTING	__	<u>X</u>
TEMPORARY BYPASSING	__	<u>X</u>
DISINFECTION INTERRUPTION	__	<u>X</u>
MONITORING MALFUNCTIONS	__	<u>X</u>
UNITS OF OPERATION	__	<u>X</u>
OTHER	__	<u>X</u>

NPDES DISCHARGE MONITORING
1 EPA Form 3320-1

(Detail any "Yes" on reverse side in appropriate space.)

NOTE: The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

PRINCIPAL EXECUTIVE OFFICER OR
DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Glenn Grieb
Grade & Registry No. N-4 : 00212
Signature *Glenn Grieb*

Name (Printed) Glenn Grieb
Title (Printed) Plant Operations Manager
Signature *Glenn Grieb*

Date July 17, 2006

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

MONTH

0	6
---	---

 YEAR

0	6
---	---

Others

[illegible]

PERMITTEE NAME/ADDRESS

NAME

ADDRESS

SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

FACILITY

LOCATION

KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD			YEAR			MO			DAY		
06	06	01	06	06	30						

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.025745	0.033656	MGD	*****	*****	*****	***	***	continuous	flow meter
	PERMIT REQUIREMENT	REPORT	ONLY		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	***	7.05	*****	7.90	S.U.	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0				
PETROLEUM HYDROCARBONS	SAMPLE MEASUREMENT	*****	*****	***	*****	<1.000	<1.000	mg/l	0	2/month	grab
	PERMIT REQUIREMENT	*****	*****		*****	10	15				
COD	SAMPLE MEASUREMENT	26.44	36.55	kg/day	*****	248	340	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT	ONLY				
BOD	SAMPLE MEASUREMENT	*****	*****	***	*****	<5.00	<5.00	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	*****	*****		*****	56	220				
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.42	0.45	kg/day	*****	3.90	4.00	mg/l	0	1/week	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	30	45(1)				
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	***	6.29	*****	*****	mg/l	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		4.0 MIN. instantaneous	*****	*****				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		06 07 17		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR MO DAY		
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									

PERMITTEE NAME/ADDRESS

NAME

ADDRESS

FACILITY

LOCATION

ATTN:

SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817


KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
06	06	01	06	06	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BENZENE	SAMPLE MEASUREMENT	<0.0000319	<0.0000323	kg/day	*****	<0.30	<0.30	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.009	0.02		*****	57	134			2/month	grab
CHLOROBENZENE	SAMPLE MEASUREMENT	<0.0000426	<0.0000430	kg/day	*****	<0.40	<0.40	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380			2/month	grab
1,1 DICHLOROETHENE	SAMPLE MEASUREMENT	<0.0000319	<0.0000323	kg/day	*****	<0.30	<0.30	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.003	0.009		*****	22	58			2/month	grab
ETHYLBENZENE	SAMPLE MEASUREMENT	<0.0000532	<0.0000538	kg/day	*****	<0.50	<0.50	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380			2/month	grab
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000426	<0.0000430	kg/day	*****	<0.40	<0.40	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.008	0.028		*****	52	164			2/month	grab
TOLUENE	SAMPLE MEASUREMENT	<0.0000426	<0.0000430	kg/day	*****	<0.40	<0.40	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.011		*****	28	74			2/month	grab
1,2-TRANSDICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000426	<0.0000430	kg/day	*****	<0.40	<0.40	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.009		*****	80	80			2/month	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<p>I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)</p>				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Glenn Grieb Project Manager								732 572-4743		06 07 17	
TYPED OR PRINTED						AREA CODE		NUMBER		YEAR MO DAY	
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ATTN:

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EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT

PERMIT NUMBER

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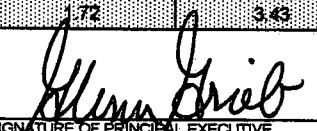
DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY
06 06 01

TO

YEAR MO DAY
06 06 30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000426	<0.0000430	kg/day	*****	<0.40	<0.40	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.019		*****	26	89			2/month	grab
VINYL CHLORIDE	SAMPLE MEASUREMENT	<0.0000325	<0.0000363	kg/day	*****	<0.30	<0.30	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.008	0.018		*****	52.8	106			weekly	grab
ACENAPHTHYLENE	SAMPLE MEASUREMENT	<0.0000106	<0.0000108	kg/day	*****	<0.1	<0.1	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)ANTHRACENE	SAMPLE MEASUREMENT	<0.0000213	<0.0000215	kg/day	*****	<0.20	<0.20	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)PYRENE	SAMPLE MEASUREMENT	<0.0000067	<0.0000067	kg/day	*****	<0.063	<0.063	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(ghi)PERYLENE	SAMPLE MEASUREMENT	<0.0000100	<0.0000101	kg/day	*****	<0.094	<0.094	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(k)FLUORANTHENE	SAMPLE MEASUREMENT	<0.0000101	<0.0000101	kg/day	*****	<0.095	<0.095	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
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Glenn Grieb Project Manager								732 572-4743		06 07 17	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER		YEAR MO DAY	

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(REFERENCE ALL ATTACHMENTS HERE)

<0.00017

PERMITTEE NAME/ADDRESS
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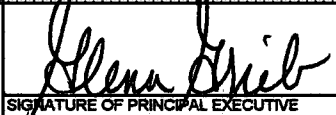
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	06	01		06	06	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IDENO(1,2,3cd) PYRENE	SAMPLE MEASUREMENT	<0.0000089	<0.0000089	kg/day	*****	<0.084	<0.084	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
PHENANTHRENE	SAMPLE MEASUREMENT	<0.0000095	<0.0000121	kg/day	*****	<0.088	<0.100	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	5.4(2)			weekly	grab
ALDRIN	SAMPLE MEASUREMENT	<0.0000011	<0.0000011	kg/day	*****	<0.01	<0.01	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.000133	0.00026		*****	0.0875	0.176			monthly	grab
4,4-DDT	SAMPLE MEASUREMENT	<0.0000011	<0.0000012	kg/day	*****	<0.01	<0.01	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.0000576	0.000148		*****	0.36	0.765			weekly	grab
PCB-1242	SAMPLE MEASUREMENT	<0.0000325	<0.0000363	kg/day	*****	<0.30	<0.30	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1248	SAMPLE MEASUREMENT	<0.0000217	<0.0000242	kg/day	*****	<0.20	<0.20	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1254	SAMPLE MEASUREMENT	<0.0000217	<0.0000242	kg/day	*****	<0.20	<0.20	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)						TELEPHONE		DATE	
Glenn Grieb Project Manager								732 572-4743		06 07 17	
TYPED OR PRINTED								AREA CODE NUMBER		YEAR MO DAY	
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									

PERMITTEE NAME/ADDRESS

NAME

ADDRESS

SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

FACILITY

LOCATION

ATTN:


KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

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PERMIT NUMBER

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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PCB-1260	SAMPLE MEASUREMENT	<0.000325	<0.000363	kg/day	*****	<0.30	<0.30	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)				
ARSENIC	SAMPLE MEASUREMENT	0.0006603	0.0010031	kg/day	*****	6.00	8.30	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.012	0.025		*****	55.3	172				
CADMIUM	SAMPLE MEASUREMENT	0.0000649	0.0000844	kg/day	*****	0.6	0.8	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.0073	0.017		*****	48.2	152				
CHROMIUM	SAMPLE MEASUREMENT	0.0004590	0.0005922	kg/day	*****	4.20	4.90	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.030	0.060		*****	108	398				
COPPER	SAMPLE MEASUREMENT	0.0006082	0.0007203	kg/day	*****	5.6	6.7	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10				
LEAD	SAMPLE MEASUREMENT	<0.0002926	<0.0003263	kg/day	*****	2.70	2.70	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10				
NICKEL	SAMPLE MEASUREMENT	0.0029907	0.0036619	kg/day	*****	27.5	30.3	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.140	0.281		*****	124	1650				
NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Glenn Grieb Project Manager								AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED						732	572-4743	06	07	17	

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)

PERMITTEE NAME/ADDRESS

NAME
ADDRESS

SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

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LOCATION
ATTN:

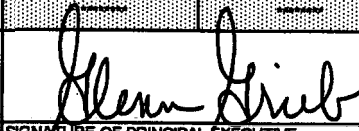
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
ZINC	SAMPLE MEASUREMENT	0.0030469	0.0037223	kg/day	*****	28.0	33.7	ug/L	0	1/week	comp	
	PERMIT REQUIREMENT	0.177	0.358		*****	1170	2350			weekly	comp	
CYANIDE	SAMPLE MEASUREMENT	<0.0013330	<0.0019940	kg/day	*****	<12.5	<20.0	ug/L	0	1/week	comp	
	PERMIT REQUIREMENT	0.002	0.004		*****	13.2	28.4			weekly	comp	
ALUMINUM	SAMPLE MEASUREMENT	0.0082090	0.0131822	kg/day	*****	76.2	125.0	ug/L	0	1/week	comp	
	PERMIT REQUIREMENT	1.40	2.81		*****	9240	18500			weekly	comp	
IRON	SAMPLE MEASUREMENT	0.0091013	0.0194042	kg/day	*****	84.9	184.0	ug/L	0	1/week	comp	
	PERMIT REQUIREMENT	80.8	162		*****	532000	1075000			weekly	comp	
ACUTE TOXICITY, (LC50)	SAMPLE MEASUREMENT	QUARTELY	REPORT	---	n/a	*****	*****	%	0			
	PERMIT REQUIREMENT	*****	*****	---	50(5)	*****	*****			see permit	equivalent	
Ammonia	SAMPLE MEASUREMENT	*****	*****	---	*****	0.125	0.150	mg/l	0	*****	*****	
	PERMIT REQUIREMENT	*****	*****	---	*****	4.8	18.0			2/months	comp	
	SAMPLE MEASUREMENT	*****	*****	---	*****	*****	*****	---	---	*****	*****	
	PERMIT REQUIREMENT	*****	*****	---	*****	*****	*****			*****	*****	
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Glenn Grieb Project Manager								732	572-4743	06	07	17
								AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)